

CITY OF BROOKHAVEN  
2665 Buford Hwy, Brookhaven, GA 30324  
Office 404-637-0678 Fax 404-637-0679

Attn: Lacy Martin, Terminal Agency Coordinator, Support Services Division  
Lacy.Martin@BrookhavenGA.gov

Date of Request: \_\_\_\_\_

## Request for In-Car Video

Defendant: \_\_\_\_\_

Print Name

Signature of Defendant

Attorney for Defendant :  
(If Applicable)

Print Name

Signature of Attorney: I certify that I represent the defendant listed below..

Attorney's Address: \_\_\_\_\_

Phone Number to call when video is ready: \_\_\_\_\_

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### There is a \$35 fee for the reproduction of videos.

The following information is required to ensure the proper video is accessed/reproduced:

Arresting Officer: \_\_\_\_\_ Case #: \_\_\_\_\_

Date/Time of Arrest: \_\_\_\_\_

Arrestee's Name: \_\_\_\_\_ Race/Sex: \_\_\_\_\_

Location of Arrest/Incident: \_\_\_\_\_

Type of Incident or Charges: \_\_\_\_\_

Current Court Date: \_\_\_\_\_

#### (Court Use Only)

Approved by: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Confirmed Entry of Appearance is on File by this Attorney: ☐

#### (For Police Records Use Only)

Request Received: \_\_\_\_\_

Attorney Called for Pick Up: \_\_\_\_\_

Payment Made: \_\_\_\_\_